MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10/580016 (FOR USE WITH FORM PTO-875) APPLICANT(8) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER **AS FILED** 1" AMENDMENT 2 - AMENDMENT I⁴AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>54</u> $I\!\!D$ <u>23</u> U Ω 团 1000 D Ø TOTAL TOTAL END. IND, TOTAL TOTAL DEZ. TOTAL

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CLAIMS

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CLARMS

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